

Filing Instructions

Form TD F 90-22.1

Report of Foreign Bank and Financial Accounts

Taxable Year Ended December 31, 2006

Name: James D Pieron, Jr.

Date Due: June 30, 2007

Mail To: Internal Revenue Service
U. S. Department of the Treasury
P. O. Box 32621
Detroit, MI 48232-0621

Signature: You should sign and date the form.

Other: Initial and date the copy and retain it for your records. Do not mail Form TD F 90-22.1 with your 2006 Form 1040 return.

DEFENDANT'S
EXHIBIT
1010
US v. PIERON

00971

Department of the Treasury

TD F 90-22.1(Rev. 7/00) SUPERSEDES ALL
PREVIOUS EDITIONS**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

1

Do NOT file with your Federal Tax Return

OMB No. 1506-0009

1 Filing for Calendar Year Y Y Y Y 2006	2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Fiduciary	3 Taxpayer Identification Number [REDACTED] 111
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Part I Filer Information

4 Last Name or Organization Name PIERON, JR.	5 First Name JAMES	6 Middle Initial D
7 Address (Number, Street, and Apt. or Suite No.) [REDACTED] 6 [REDACTED]		8 Date of Birth M M D D Y Y Y Y 10/01/69
9 City [REDACTED]	10 State [REDACTED]	11 Zip/Postal Code [REDACTED] 8
12 Country	13 Title (Not necessary if reporting a personal account.)	
14 Are these accounts jointly owned? a <input type="checkbox"/> Yes b <input checked="" type="checkbox"/> No	15 Number of joint owners	16 Taxpayer Identification Number of joint owner (if known)
17 Last Name or Organization Name		18 First Name
		19 Middle Initial

Part II Information on Financial Accounts

20 Number of Foreign Financial Accounts in which a financial interest is held 3	21 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other _____	
22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input checked="" type="checkbox"/> \$10,000 to \$99,999 d <input type="checkbox"/> Over \$1,000,000	23 Account Number or other designation 206-251262.60Z	
24 Name of Financial Institution with which account is held UBS	25 Country in which account is held SWITZERLAND	
26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Holder	
28 First Name	29 Middle Initial	30 Taxpayer Identification Number
31 Address (Number, Street, and Apt. or Suite No.)		32 City
33 State	34 Zip/Postal Code	35 Country
36 Signature		37 Date M M D D Y Y Y Y 05/15/2012

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations (31 CFR 103). No report is required if the aggregate value of the accounts did not exceed \$10,000. SEE INSTRUCTIONS FOR DEFINITION. File this form with:

U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621.

PRIVACY ACT NOTIFICATION

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a(e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 103.

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties.

Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report.

Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 103. The Social Security number will be used as a means to identify the individual who files the report.

Apprv 104

00972

Continuation Page

Form TD F 90-22.1

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for Calendar Year Y Y Y Y 2006	3 Taxpayer Identification Number 111	4 Filer Last Name or Business Name PIERON, JR.	Page Number 1 OF 1	
2 Type of Filer a <input checked="" type="checkbox"/> Individual c <input type="checkbox"/> Corporation b <input type="checkbox"/> Partnership d <input type="checkbox"/> Fiduciary		21 Type of Account a <input checked="" type="checkbox"/> Bank c <input type="checkbox"/> Other b <input type="checkbox"/> Securities	22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input checked="" type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input type="checkbox"/> Over \$1,000,000	
23 Account Number, or other designation 202-628697.60J		24 Name of Financial Institution with which account is held UBS		
25 Country in which account is held SWITZERLAND		26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner	
28 First Name	29 Middle Initial	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.)	
32 City		33 State	34 Zip/Postal Code	35 Country
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23 Account Number, or other designation 925887-12		24 Name of Financial Institution with which account is held CREDIT SUISSE		
25 Country in which account is held SWITZERLAND		26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner	
28 First Name	29 Middle Initial	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.)	
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Paperwork Reduction Act. The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Department of the Treasury, Financial Crimes Enforcement Network, Suite 200, 2070 Chain Bridge Road, Vienna, VA 22182-2536. You are not required to provide the requested information unless a form displays a valid OMB control number.

JAMES D PIERON, JR.

[REDACTED]

FORM TD F 90-22.1 STATEMENT 12/31/06

MR. PIERON WAS INVOLVED WITH SEVERAL ENTITIES WHILE IN SWITZERLAND AND WAS UNAWARE OF THE FILING AND REPORTING REQUIREMENTS FOR THE FOREIGN BANK ACCOUNTS. ONCE MADE AWARE OF THE FILING REQUIREMENTS, HE IMMEDIATELY TOOK STEPS TO COMPLY BY SEARCHING THROUGH SEVERAL YEARS OF RECORDS TO OBTAIN THE REQUIRED INFORMATION. INCLUDED ON FORM TD F 90-22.1 IS ONE PERSONAL ACCOUNT, TWO BUSINESS ACCOUNTS OF WHICH MR. PIERON WAS A GREATER THAN 50% OWNER.